

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re Application of

Confirmation No. 9500

I. Slage, et al.

Examiner: Salad

Ser. No. 09/921,595

Filed: 8/6/2001

Art Unit: 2157

For: System and Method for Managing, Manipulating, and Analyzing Data and Devices
Over a Distributed Network

RESUBMITTING REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached here is a **copy** of two (2) New Powers of Attorney and Change of Correspondence Address that was originally filed in the U.S. Patent and Trademark Office of June 28, 2006 as can be seen by the USPTO stamp on the upper left-hand corner of each form. Each inventor signed and dated their form on June 16, 2006.

It is hereby requested that the USPTO records and PAIR be updated to reflect this change and to associate this application with Customer No. 30743.

Respectfully submitted



Michael E. Whitham
Reg. No. 32,635

Date: 07/23/07

Whitham, Curtis, Christofferson
& Cook, P.C.
11491 Sunset Hills Road - #340
Reston, VA 20190
703/787-9400
Customer No. 30743

IFW

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PTO/SB/82 (01-08)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Approved for use through 12/31/2008. OMB 0651-0038

**REVOCA¹⁴⁰⁸TION OF POWER OF
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Application Number	09/931,595
Filing Date	August 6, 2001
First Named Inventor	Irena Slage
Art Unit	2157
Examiner Name	Abdullah Elm Saad
Attorney Docket Number	09890001AA

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 30743

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 30743

OR

<input type="checkbox"/> Firm or individual Name			
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Address			
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City		State	ZIP
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Country			
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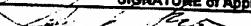
Telephone		Email	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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Name	Irena Slage		
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Date	Jun 216, 2006	Telephone	763-271-0527
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.30. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**REVOCATION OF POWER OF
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Application Number	09/921,598
Filing Date	August 8, 2001
First Named Inventor	Michael Slage
Art Unit	2137
Examiner Name	Abdelrahim Elmal Sedad
Attorney Docket Number	09890001AA

I hereby revoke all previous powers of attorney given in the above-identified application:

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OR

I hereby appoint the practitioners associated with the Customer Number: 30743

COPY

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 30743

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	ZIP
Country			
Telephone		Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Michael Slage</i>
Name	Michael Slage
Date	June 16, 2006
Telephone	703 271-0537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

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